

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-025419

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 1806

FILED JUL 2 1962

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JEFFERSON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>RICHMOND HGTS. CANTON</u>		c. CITY OR TOWN <u>FESTUS</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. MARY'S HOSP.</u>		d. STREET ADDRESS (If outside, give location) <u>R.R. #1, Box 36</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Frank O. Carstens</u>		4. DATE OF DEATH Month Day Year <u>JUNE 16, 62</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12/1/94</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PLUMBER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	9. AGE (last birthday) <u>67</u>
11a. FATHER'S NAME <u>PETER CARSTENS</u>		11b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		12b. SOCIAL SECURITY NO. <u>[REDACTED]</u>	
13. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Massive Anteroseptal Myocardial Infarction</u>		14. NAME OF HUSBAND OR WIFE <u>MRS. IRIS CARSTENS</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		15. DUE TO (b) <u>Arteriosclerotic Heart Disease</u>	
DUE TO (c) <u>1 year?</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 hours</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from <u>6/16/62</u> to <u>6/16/62</u> and last saw him alive on <u>6/16/62</u> Death occurred at <u>6:15</u> P.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>A. J. Steiner MD</u>	22b. ADDRESS <u>3720 Washington Ave</u>	22c. DATE SIGNED <u>6/16/62</u>	
23a. BURIAL CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	23b. DATE <u>6-16-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ROSELAWN Cem.</u>	23d. LOCATION (city, town, or county) (State) <u>ST. LOUIS, MISSOURI</u>
24. FUNERAL DIRECTOR ADDRESS <u>James R. Cody, Crystal City, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>6-18-62</u>	26. REGISTRAR'S SIGNATURE <u>John B. Murphy, Jr. Mo.</u>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK
OR
TYPEWRITER RIBBON

1967 JUL 3 SA

AUG 14 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

James Richard Cadry

Licensed Embalmer No. 4309

P. O. Address Crystal City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.